



Attorney Docket No.

Patent 034341-001



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Evy Lundgren-Akerlund

Group Art Unit: 1644

Application No.: 09/647,544

Examiner: Maher M Haddad

Filing Date: October 26, 2000

Confirmation No.: 8350

Title: AN INTEGRIN HETERODIMER AND A SUBUNIT THEREOF

REQUEST FOR CONTINUED EXAMINATION
TRANSMITTAL LETTER

MAIL STOP RCE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer Number 21839

Sir:

Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the

☒ \$395.00 (2801) ☐ \$790.00 (1801) fee due under 37 C.F.R. § 1.17(e).

1. ☒ A. Applicant(s) requests that any previously unentered after final amendments not be entered.
Continued examination is requested based on the enclosed documents identified in item 2 below.

- ☐ B. Applicant(s) previously submitted the following documents for which continued examination is requested:

☐ Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on _____

☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____

☐ Other: _____

2. The following documents are enclosed with this submission:

- ☒ Amendment/Reply.
☐ Affidavit(s)/Declaration(s).
☐ Information Disclosure Statement (IDS).
☒ A Petition for Extension of Time.
☐ Other: _____

01/18/2005 JADD01 00000045 09647544

01 FC:2801 395.00 0P

- | CLAIMS | | | | | |
|---|------------------|-------------|--------------|---------------------|------------------|
| | No.
of Claims | | Extra Claims | Rate | Fee |
| Examination Fee (1801) | | | | | \$ 790.00 |
| Total Claims | 14 | MINUS 131 = | 0 | x \$50.00 (1202) = | \$ 0.00 |
| Independent Claims | 13 | MINUS 41 = | 0 | x \$200.00 (1201) = | \$ 0.00 |
| If multiple dependent claims are presented, add \$360.00 (1203) | | | | | |
| Total Fee | | | | | \$ 790.00 |
| <input checked="" type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Application Fee | | | | | \$ 395.00 |
| TOTAL FEE DUE | | | | | \$ 395.00 |

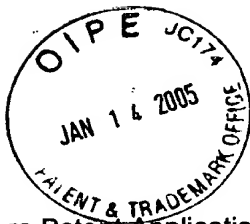
- The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

By

Deborah H. Yellin

Filed: January 14, 2005



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Evy Lundgren-Akerlund

Application No.: 09/647,544

Filing Date: October 26, 2000

Title: AN INTEGRIN HETERODIMER AND A SUBUNIT THEREOF

Group Art Unit: 1644

Examiner: Maher M Haddad

Confirmation No.: 8350

AMENDMENT/REPLY TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed is a reply for the above-identified patent application.

☒ A Petition for Extension of Time is also enclosed.

☐ Terminal Disclaimer(s) and the ☐ \$65.00 (2814) ☐ \$130.00 (1814) fee per
Disclaimer due under 37 C.F.R. § 1.20(d) are also enclosed.

☐ Also enclosed is/are _____

☒ Small entity status is hereby claimed.

☐ Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the
☐ \$395.00 (2801) ☐ \$790.00 (1801) fee due under 37 C.F.R. § 1.17(e).

☐ Applicant(s) requests that any previously unentered after final amendments not be entered.
Continued examination is requested based on the enclosed documents identified above.

☐ Applicant(s) previously submitted _____

_____ on _____,
for which continued examination is requested.

☐ Applicant(s) requests suspension of action by the Office until at least _____,
which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R.
§ 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also
enclosed.

- ☒ No additional claim fee is required.
- ☐ An additional claim fee is required, and is calculated as shown below.

AMENDED CLAIMS					
	No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Additional Fee
Total Claims	14	MINUS 131 =	0	x \$50.00 (1202) =	\$ 0.00
Independent Claims	13	MINUS 41 =	0	x \$200.00 (1201) =	\$ 0.00
If Amendment adds multiple dependent claims, add \$360.00 (1203)					
Total Claim Amendment Fee					\$ 0.00
<input checked="" type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee					\$ 0.00
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT					\$ 0.00

- ☐ A check in the amount of _____ is enclosed for the fee due.
- ☐ Charge _____ to Deposit Account No. 02-4800.
- ☐ Charge _____ to credit card. Form PTO-2038 is attached.

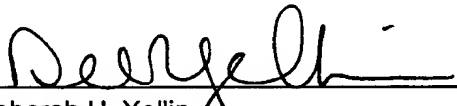
The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

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Date: January 14, 2005

By 
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